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CLINICAL IMAGE

Congenital persistent terminal ventricle and filar cyst

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A baby born prematurely at 34 weeks' gestation had a sallow patch on the sacrum raising suspicion of spinal dysraphism. Physical examination including neurological examination was normal. Spinal US showed undulations and dilatation of the central echo complex at L1 in the conus medullaris consistent with a persistent terminal ventricle (PTV) (Fig. 1, *arrow*). Spinal US showed a PTV at L1 (Fig. 2, *arrowhead*) and a fusiform cystic structure in the filum at L2 consistent with a filar cyst (Fig. 2, arrow). Cranial US was normal. PTV is considered to be in the spectrum of closed spinal dysraphism [1]. Filar cysts are normal variants located in the filum terminale of the cord [2]. These findings help reviewers correctly identify them, alleviating confusion about their location and nomenclature. Such patients can be followed clinically or by US imaging. Symptomatic patients may need to undergo MR imaging.

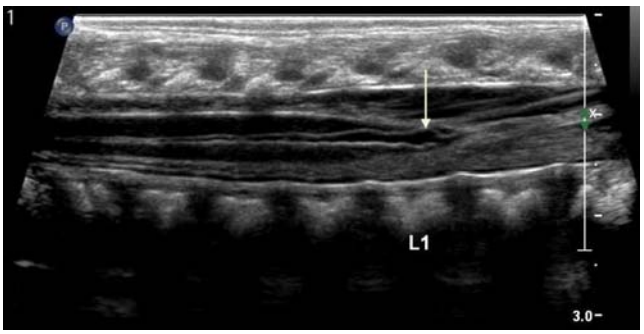

Fig. 1 Persistent terminal ventricle (PTV)

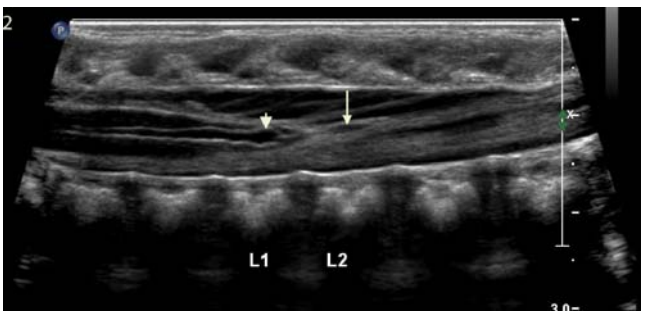

Fig. 2 Coexistent PTV and filar cyst

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